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PTO/SB/01 (10-00)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	621P002c/p
First Named Inventor	Dennis M. Hilton
COMPLETE IF KNOWN	
Application Number	10 / 305,991
Filing Date	November 27, 2002
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FOAMED FIREPROOFING COMPOSITION AND METHOD

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) November 27, 2002 as United States Application Number or PCT International (if applicable).

Application Number 10/305,991 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name Kevin S. Lemack

Address Nields & Lemack

Address 176 E. Main Street

City Westboro

State MA

ZIP 01581

Country U.S.A.

Telephone (508) 898-1818

Fax (508) 898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Dennis M.

Family Name
or Surname

Hilton

(first and middle (if any))

Inventor's
Signature*Dennis M. Hilton*

Date

11/30/03

Residence: City

Nashua

State NH

Country US

Citizenship US

Mailing Address

4 Harvest Lane

Mailing Address

City Nashua

State NH

ZIP 03063

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Michael D.

Family Name
or Surname

Morgan

(first and middle (if any))

Inventor's
Signature

Date

Residence: City

Billerica

State MA

Country US

Citizenship US

Mailing Address

8 Judy Street

Mailing Address

City Billerica

State MA

ZIP 01821

Country US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Dennis M.

Family Name or Surname Hilton

Inventor's Signature

Date

Residence: City Nashua

State NH

Country US

Citizenship US

Mailing Address 4 Harvest Lane

Mailing Address

City Nashua

State NH

ZIP 03063

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Michael D.

Family Name or Surname Morgan

Inventor's Signature

Michael D. Morgan

Date

1/29/03

Residence: City Billerica

State MA

Country US

Citizenship US

Mailing Address 8 Judy Street

Mailing Address

City Billerica

State MA

ZIP 01821

Country US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
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<h2 style="margin: 0;">DECLARATION</h2>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Robert				Paul			
Inventor's Signature	<i>Robert N Paul</i>					Date	1/23/03
Residence: City	Maynard	State	MA	Country	US	Citizenship	US
Post Office Address 13 Taft Avenue							
Post Office Address							
City	Maynard	State	MA	ZIP	01754	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Karl D.				Taub			
Inventor's Signature						Date	
Residence: City	Boxboro	State	MA	Country	US	Citizenship	US
Post Office Address 447 Littlefield Road							
Post Office Address							
City	Boxboro	State	MA	ZIP	01719	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Robert S.				Young			
Inventor's Signature						Date	
Residence: City	Greenville	State	SC	Country	US	Citizenship	US
Post Office Address 137 Montague Drive							
Post Office Address							
City	Greenville	State	SC	ZIP	29617	Country	US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Robert				Paul			
Inventor's Signature						Date	
Residence: City	Maynard	State	MA	Country	US	Citizenship	US
Post Office Address 13 Taft Avenue							
Post Office Address							
City	Maynard	State	MA	ZIP	01754	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Karl D.				Taub			
Inventor's Signature	<i>Karl D. Taub</i>					Date	<i>Jan 30, 2003</i>
Residence: City	Boxboro	State	MA	Country	US	Citizenship	US
Post Office Address 447 Littlefield Road							
Post Office Address							
City	Boxboro	State	MA	ZIP	01719	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Robert S.				Young			
Inventor's Signature	<i>Robert S. Young</i>					Date	<i>1/30/03</i>
Residence: City	Greenville	State	SC	Country	US	Citizenship	US
Post Office Address 137 Montague Drive							
Post Office Address							
City	Greenville	State	SC	ZIP	29617	Country	US

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<h2 style="margin: 0;">DECLARATION</h2>	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>
---	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Ricky N.				Bastarache			
Inventor's Signature						Date	2/8/03
Residence: City	Fitchburg	State	MA	Country	US	Citizenship	US
Post Office Address 263 St. Joseph Avenue							
Post Office Address							
City	Fitchburg	State	MA	ZIP	01420	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/305,991
Filing Date	November 27, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002c/p

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

Place Customer
Number Bar Code
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack				
Address	Nields & Lemack				
Address	176 E. Main Street				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	(508) 898-1818	Fax	(508) 898-2020		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Dennis M. Hilton	Michael D. Morgan
Signature	<i>Dennis M. Hilton</i>	<i>Michael D. Morgan</i>
Date	1/30/03	2/25/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Examiner Name	
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert Paul	Karl D. Taub
Signature	<i>Robert Paul</i>	
Date	1-23-03	

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Henry C. Nields	17,029

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SIGNATURE of Applicant or Assignee of Record

Name	Robert Paul
Signature	Karl D. Taub
Date	Jan 29, 2003

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Examiner Name	
Attorney Docket Number	621P002c/p

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Individual Name

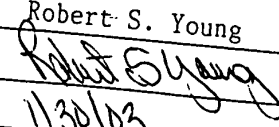
Address	Kevin S. Lemack				
Address	Nields & Lemack				
City	176 E. Main Street				
City	Westboro				
Country	U.S.A.	State	MA	Zip	01581
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SIGNATURE of Applicant or Assignee of Record

Name	Robert S. Young	Ricky N. Bastarache
Signature		
Date	11/30/03	

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Name	Robert S. Young
Signature	Ricky N. Bastarache
Date	

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5065